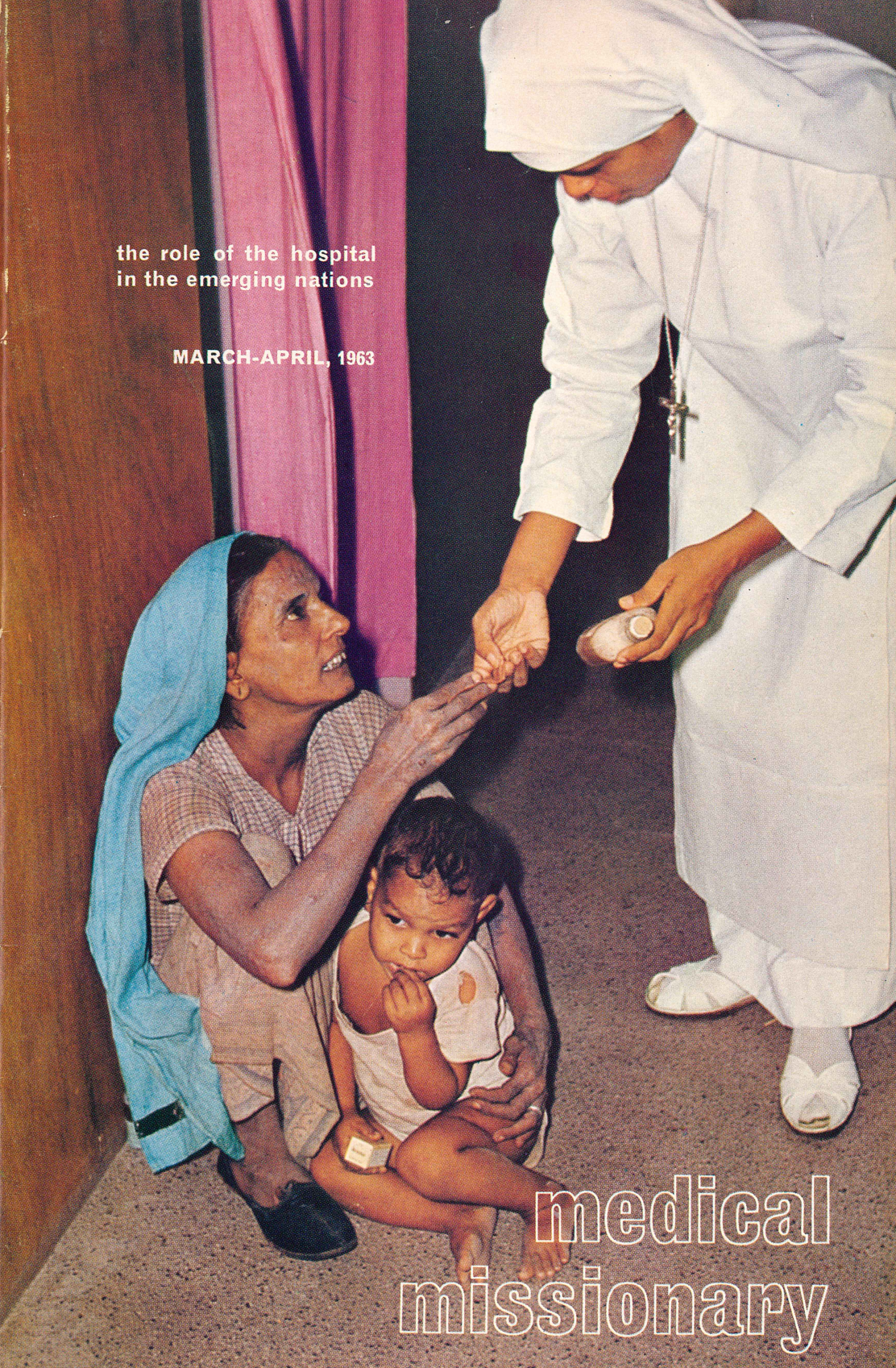
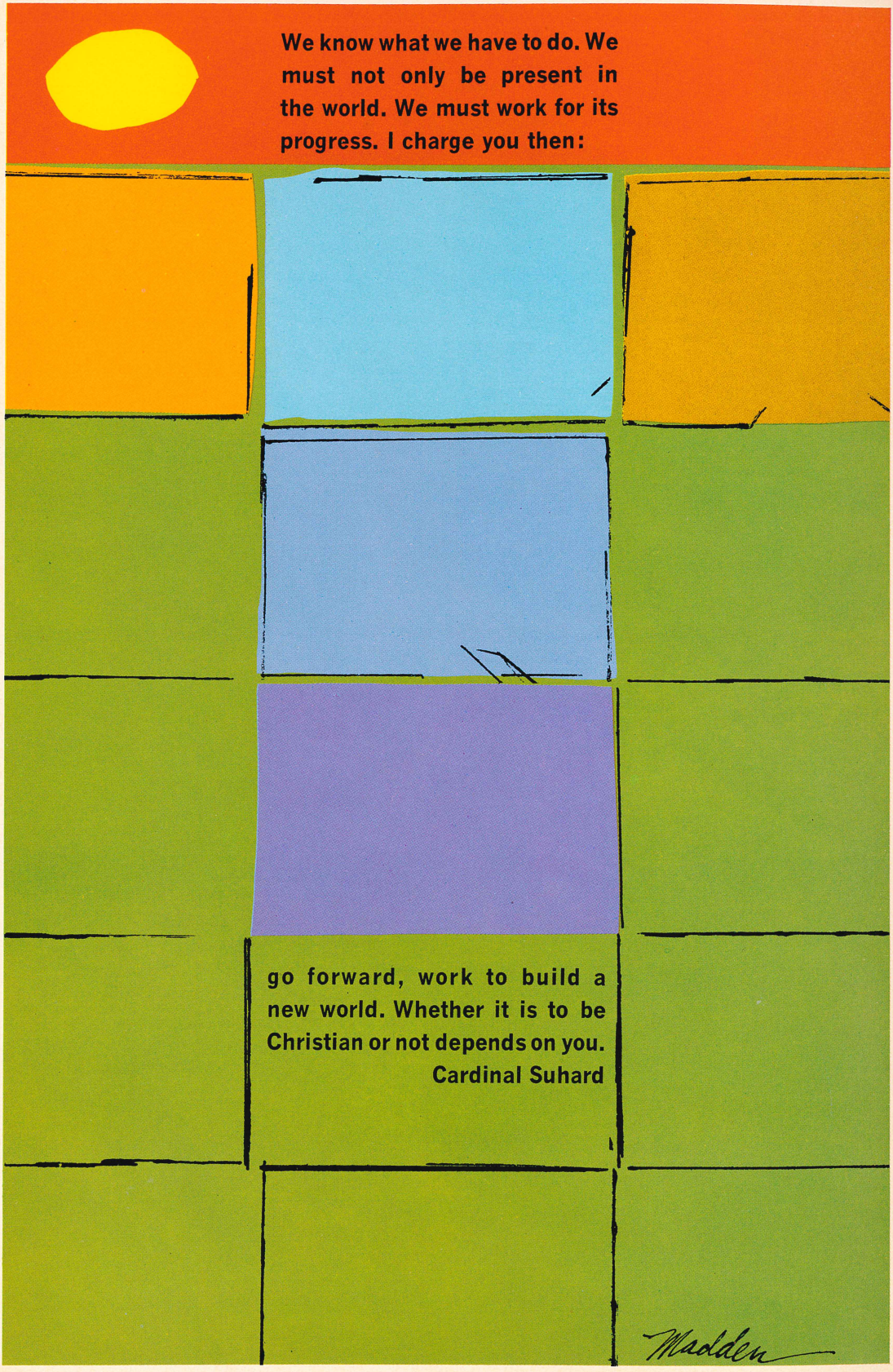


the role of the hospital
in the emerging nations

MARCH-APRIL, 1963

medical missionary


We know what we have to do. We must not only be present in the world. We must work for its progress. I charge you then:
go forward, work to build a new world. Whether it is to be Christian or not depends on you.
Cardinal Suhard
Madden

THE medical missionary

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Cover Photo: Sister M. F. Gemma gives a bottle of medicine to a clinic patient, H.F.H., New Delhi.

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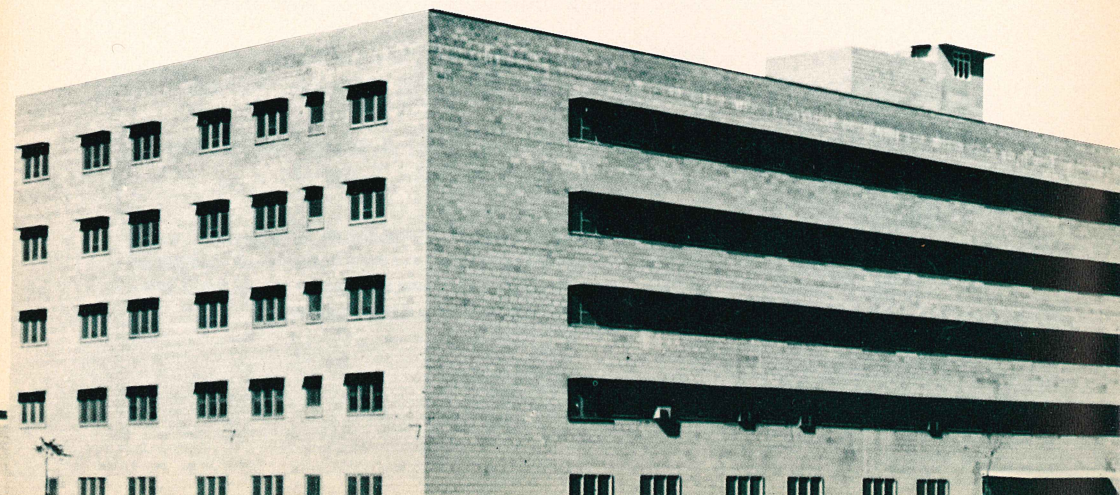
The movement in India
to reduce poverty, disease,
and ignorance
through the application
of the democratic processes
is one of the most significant
in the world today.
One out of every seven persons
in the world today
is an Indian.
India is the world's largest democracy
and the future world peace
may well depend on what happens here.
John R. McGibony, M.D.



role of the hospital in the asian emerging nation

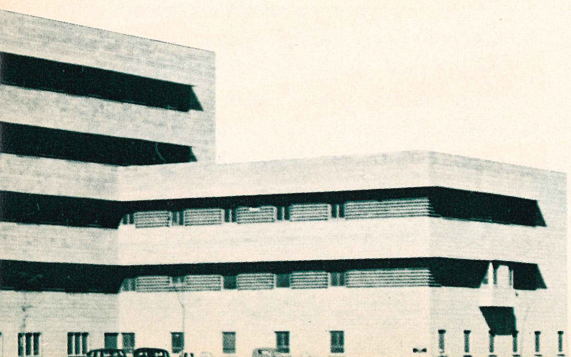
PATIENT CARE AND TEACHING AT HOLY FAMILY HOSPITAL

by Dr. Harold K. Purcell, MD., F.A.C.S.

Holy Family Hospital is located just outside New Delhi, near the border of the vast Punjab. In choosing a site for a hospital, one is often tempted to take the spot which is most easily accessible to the most people. However, in accord with India's plan to help her 300 millions who live in rural areas, Medical Mission Sisters chose a semi-rural spot for the New Delhi Hospital.

The hospital, a large five-storied building, is situated about seven miles from the center of the city but within bus limits. It faces south on a most relaxing scene of farms and lowlands. A few furlongs to the northwest lies a private housing colony with spacious well built houses. Scattered throughout the area to the southwest are numerous small villages all of a rural culture. Each family has a small home and many have a buffalo or two.

No wonder, then, that a great many of our patients here at Holy Family are Indian villagers. Just the same, the demand for our hospital beds, from both Old Delhi and New Delhi cities, is great. As Gerry Gerrold so aptly puts it in his article, "Holy Family is something of a United Nations." More and more patients are coming here from far off places in India, Pakistan, Nepal, and Afghanistan seeking care at "the Holy Family," about which they have heard good reports. (Word travels fast in India even though two-thirds of the people cannot read or write and would not know how to use a telephone if they had



Holy Family Hospital, New Delhi, India, located in the capital City, at the crossroads of the East, serves not only the Indian people, but peoples of many other nationalities.

one.) Americans and other international personnel, engaged in technical aid programs in this part of the world, head for Holy Family when they are ill . . . and the American Peace Corps uses this hospital for an evacuation point for their sick volunteers.

Holy Family takes care of a large number of patients. The out-patient clinic is filled from morning till night. When I came here two years ago, I had difficulty adjusting myself to the changing hours during which the clinic patients arrive in the morning. There are no clocks in India, at least among our patients, so people get up with the sun. If the sun comes up early, as in the summer, the clinic opens early; if the sun rises late, or if it is a cloudy day, our clinic begins late.

In our Out-Patient Department, many different tongues are spoken. Some patients speak two languages, or a combination of two; these are languages, not dialects. The difference between Hindi, Malayalam, and Kashmiri, is as great as the difference between Punjabi, English, and Chinese.

Many of our nurses know English, and act as my interpreters. At times, however, there is little understanding between the patient and the interpreter, and sometimes between the interpreter and myself. At this juncture, we set about finding one English-speaking nurse who comes from the home area of the unfortunate patient. You can imagine the difficulties of making an accurate diagnosis under these conditions. However, in time we "non-Indians" learn to speak Hindi, and this makes life easier.

We see diseases here seldom seen in North America such as cholera, typhoid fever, smallpox, malaria, intestinal parasites, leprosy, elephantiasis, also many birth deformities. Diseases are more fully developed when the patient seeks medical help, such as late tuberculosis, cancer, and other tumours. Medically speaking, this is a very interesting country and there is much work to be done. Malnutrition is common, no wonder so many patients are anemic. We are thankful if our surgical patients have a blood count within 75% of normal. Often it is 50% or 25% less than normal. Blood for transfusions is hard to get. Very often the donor is anemic himself, and seldom do we find people who are willing to donate their blood.

Holy Family was founded to care for the sick and to establish a teaching program for the training and development of Indian men and women to be doctors, nurses, and technicians of the best professional caliber.

In any hospital the quality of patient care depends to a large degree upon the capabilities of the medical house staff, nurses, and technicians. Therefore, the quality of our service to the sick depends to a large degree upon the excellence of the program used to train our student nurses, technicians, and resident doctors. It is our goal to train professional nurses and technicians, and to guide the doctors through an excellent internship, and then on into residency programs in certain specialties.

To accomplish this in a private hospital is no easy undertaking. Certain things are required e.g., a good well-administered hospital, top grade teachers, organized departments in the various branches of medicine, and teaching aids. Let me explain:

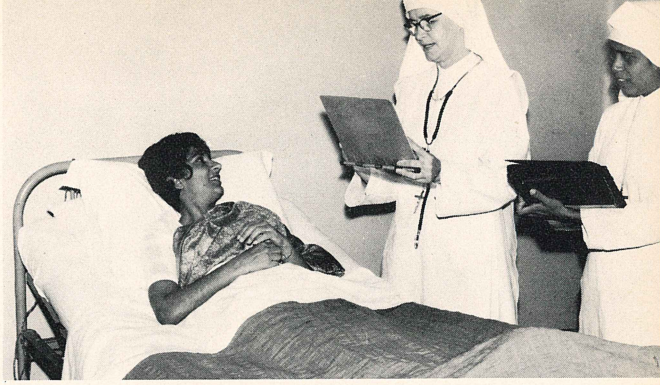
Although Holy Family Hospital, New Delhi, is only seven years old, we already have a very well-administered general hospital of 110 beds. The Medical Mission Sisters in this short time have developed what in my opinion is basically one of the best hospitals in the New

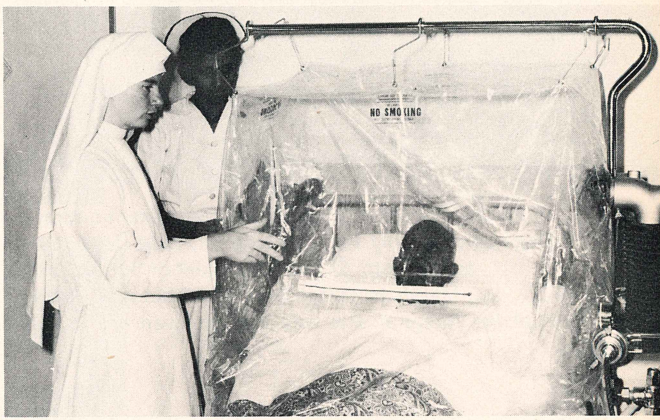
TOP TO BOTTOM
Sister M. Alma, M.D. makes rounds with Sr. M. F. Gemma. This year marks 25 years of service in India as a mission doctor for Sr. M. Alma, with only 1 year on furlough.

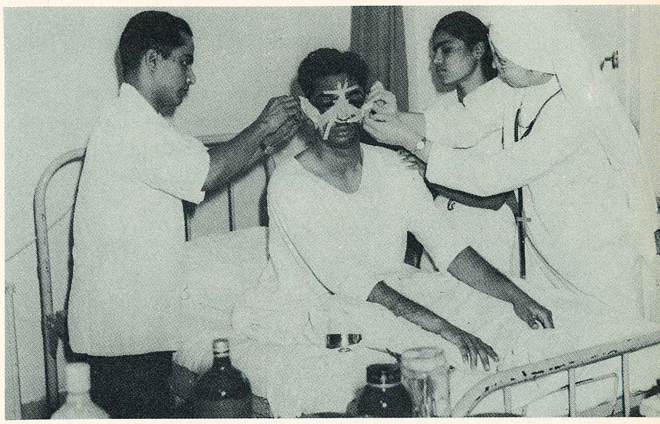
Sr. M. Eileen explains use of oxygen tent to nurse.

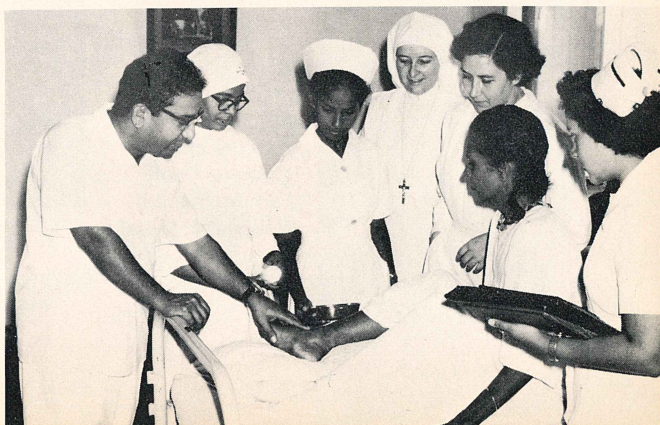
Dr. Dutt, Sr. Fides, M.D., and nurse change dressing. Patient had Rhinoplasty.

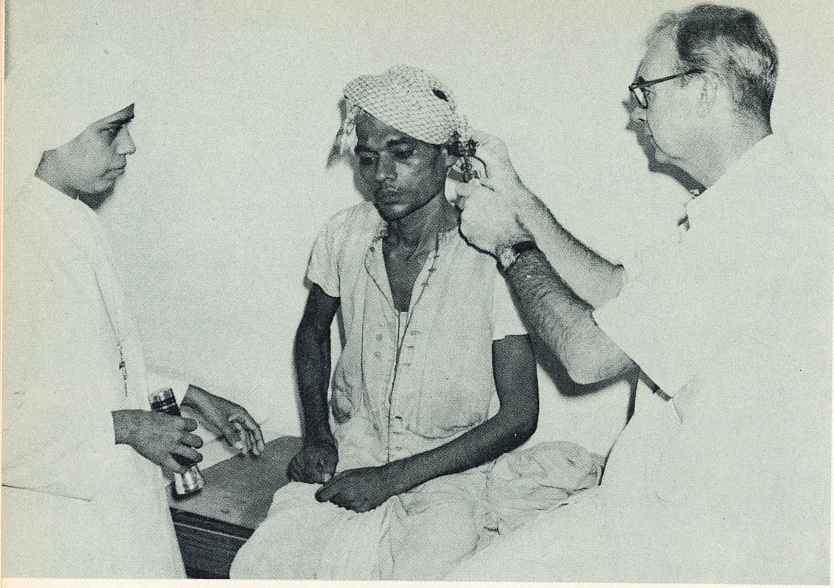
Dr. P. Sharma, Surgeon, making rounds, Sr. M. Charles, Superior, Holy Family Hosp., in back.



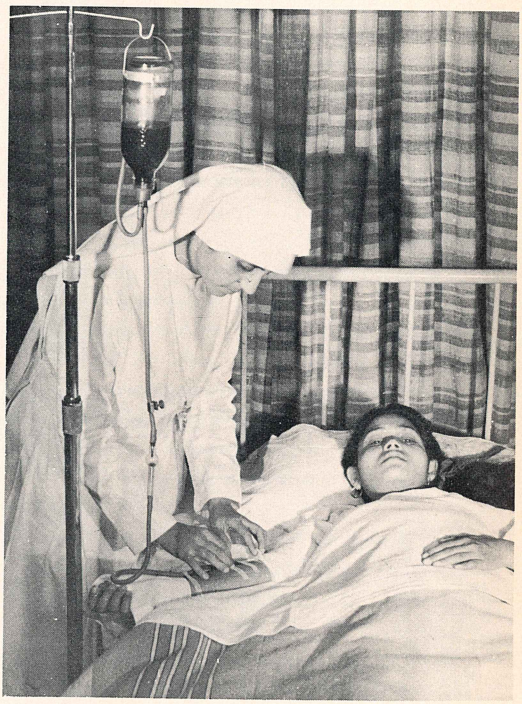




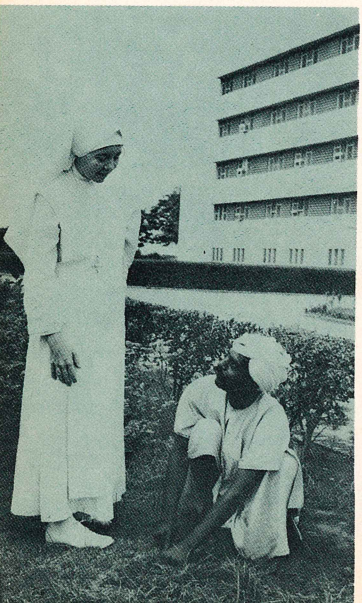




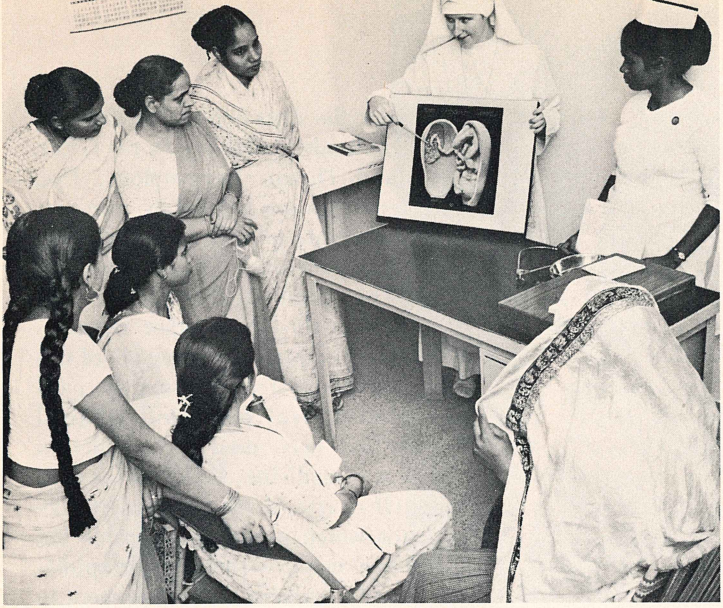
Doctor Harold K. Purcell, doing ear examination in the Out-Patient Department, Holy Family Hospital, New Delhi. Sister M. F. Gemma assists him. Dr. Purcell, Chief of Surgery here, is on loan from St. Mary's Hospital, St. Louis. This is Doctor Purcell's third year at the hospital. His wife and children are with him in New Delhi.



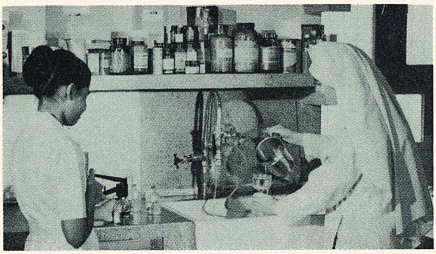
Sr. M. Francisco, M.D., Pathologist, watching an extremely ill person's reaction to the first infusion of blood. Patient's hemoglobin—about 10%.



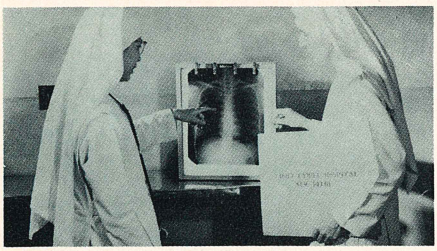
Sr. M. Caroline, (from Milton, Massachusetts) Administrator, with the chief gardener. Holy Family Hospital, New Delhi, India.



Sister M. Michelle, from Canada, teaching "Mothers-to-be" the facts of pregnancy. Pre-natal Clinics are held regularly. Formerly many died through lack of proper medical and scientific care.



Sr. M. Estelle, Pharmacist, (from Wales).



Sr. M. Ita, X-ray Tech. (Dublin) with Sr. Fides, M.D. (Manila).

Treating and Training are two important aspects of Doctor Purcell's work at Holy Family Hospital, New Delhi. Here Doctor conducts Ward Teaching Program in Men's Surgical Ward. Sister M. Eileen at foot of bed.

Delhi area.

Good teachers cost money and our budget is very small. To fulfill this requirement we have organized our medical staff into three divisions:

a) A full-time staff made up of Medical Mission Sister Doctors who are highly trained specialists from the United States, and a few salaried Indian doctors who are specialists trained in England and North America.

b) An Associate Staff composed of carefully selected Indian doctors trained in England or America who give freely and generously of their time, without pay, to work in the Out-Patient Clinic and on the Wards caring for the sick and at the same time participating in the teaching program of Indian students.

c) The Courtesy Staff whose members may use the hospital for the care of their own patients, and participate in staff meetings.

Therefore with a full time staff made up of Sister Doctors, who of course receive no pay, and a few salaried doctors plus a competent voluntary associate staff we can afford excellent instructors even on our very limited budget.

The professional departments of the hospital are broken down into the various specialties. The major departments of Medicine, Obstetrics and Gynecology, Surgery, Pathology, and Anesthesiology are under the direction of full time department heads. Radiology (x-ray), Ear, Nose and Throat, Dermatology, Eye, and Pediatrics are headed by members of the associate or voluntary staff. The latter give generously of their time and skills. They run their departments well, even though they have other responsibilities and commitments outside of this hospital. This system of using the part-time department head and medical teacher has been used successfully in American medicine since its earliest days. Of course, there are many teaching aids which would be desirable but these cost money—such as an epidiascope and a camera with equipment to make projection slides, but these things cost money. Yet with what we have, we do very well. Our hospital beds are filled. We need more space to take care of the ever-increasing patient load. We hope in the not too far distant future to expand our institution to provide more beds for this country of great medical needs.

We, as a staff, have been blessed in this hospital with a great instrument to do good, and we intend to develop this to its fullest extent.

The past medical record is good, and the future is bright. Our goal to make this a model hospital for the care of the sick, and the training of medical personnel, is very much in sight.

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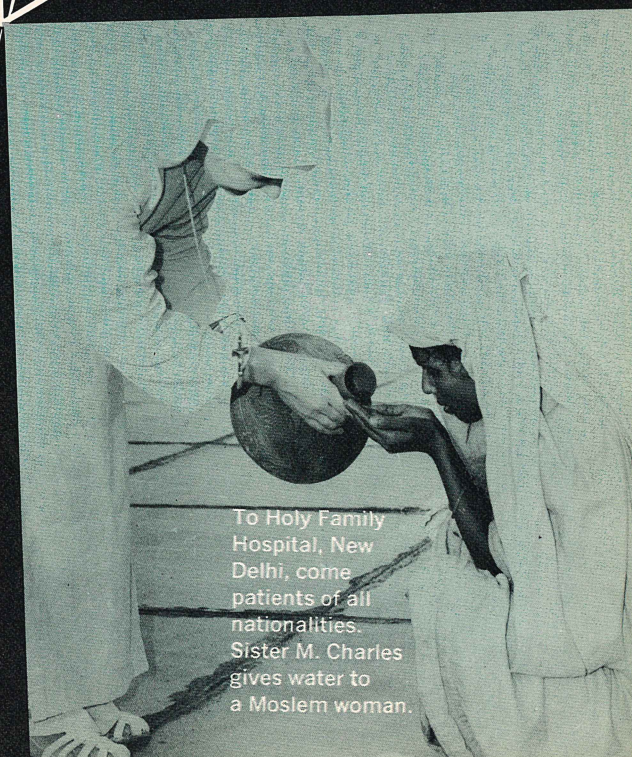
THE TWAIN DO MEET— AT HOLY FAMILY HOSPITAL, NEW DELHI

by E. F. Gerold, Jr.



To Holy Family Hospital, New Delhi, come patients of all nationalities. Sister M. Charles gives water to a Moslem woman.

THE TWAIN DO MEET AT HOLY FAMILY HOSPITAL, NEW DELHI

Hospital (hos′-pi-tal) n., an institution for the medical treatment and care of the sick. (Webster's New Standard Dictionary.)

Obviously, Mr. Webster had never visited New Delhi, India, and certainly not the Holy Family Hospital in that capital city. For had the learned lexicographer been so fortunate his definition of a hospital—or certainly the Holy Family Hospital in New Delhi—would have required considerable elaboration.

It is only natural that one's connotation at the sound of the word 'hospital' is pain, suffering, medicines, surgery, sadness, anguish, births—and sometimes death. In "our" hospital in New Delhi we have all of these, but so much more, in another, more pleasant realm.

The Holy Family, as the hospital is so affectionately called in Delhi (not the Holy Family Hospital, nor the Hospital) is in its ministrations something of a United Nations, tiny but united, without bickerings and anger; and its only curtains are clean and starchy white—around the beds—not boundaries.

The Delhi Holy Family is now in its seventh year of operation. During these years it has grown (with severe growing-pains, of course) to the present 110-bed, 25 bassinets, large Out-Patient Department, modern and efficient hospital it is today. In addition, the Training School for Indian nurses has been a great success and each year more and more students are admitted.

Our definition of the "Holy Family" is somewhat different from that of Mr. Webster. Somehow the word 'institution' lacks warmth and friendliness and brings to mind, cold, dark halls overrun with blood-curdling matrons out of Dickens. We like to think of our hospital as a "home away from home" where medical treatment and care abound—hygienic, professional, and efficient, though coupled with an aura of understanding, kindness, and devotion.

Thus to the Holy Family come the poor and the rich, the illiterate and the elegant—of all races and creeds. In Delhi, as elsewhere the Medical Mission Sisters are serving all classes; of primary importance are the poor and unfortunate. Every day one can see streams of poor Indians attending the Out-Patient Clinic, or convalescing in the several wards. The Nursery is rarely without guests and this in a community where medical assistance at births was strictly taboo not too many years ago.

Thus the twain do meet—at the Holy Family in New Delhi! And in so many ways. The staff itself could quite easily be the builders of a modern day Tower of Babel. There are: Sisters Charles, Caroline, Alma, Eileen, Suzanna, Aquinas, and Michael Ann, from America; Sister Estelle, from Wales; Sister Fides, from the Philippine Islands; Sister Ita, from England; Sister Michelle, from French Canada, and Sisters M. Francisco, Thomas Clare, Francis Ann, and Thomas Agnes, from India. Dr. Harry Purcell, the Chief of Surgery, is on loan from St. Mary's Hospital in St. Louis, Missouri; Dr. Indra Gupta, an Indian surgeon, spent years in Boston and trained at McGill University in Canada; Dr. B. B. Mathur, Specialist in Internal Medicine, did Residencies in St. Joseph's Infirmary, Louisville, Kentucky and Ford Hospital, Detroit.

But this group, heterogeneous only in names and places, blends its international flavor with the 'guests' who seek their help. There are Indians in large numbers, of course; but, too, on a recent check, there were the ambassador from

Cambodia and the High Commissioner from Ghana; the wife of a Japanese Embassy Officer for her first baby; a German business man suffering from hepatitis; and so a roster even more and more a United Nations' roll call: Americans, Italians, Lebanese, British, Chileans—to name a few!

And the twain continue to meet in the Auxiliary of the Holy Family Hospital. This organization, composed of ladies resident in New Delhi, has both an interesting composition and an interesting history. The Auxiliary owes its origin to seven ladies who met six years ago to devise ways and means to foster and promote the interests of the Holy Family which had at that time just opened its doors to the public. The Auxiliary, because of its international character, has an inevitable turnover of membership and through the years more than 700 women have belonged to the association. The present membership is approximately 150 members belonging to some 30 different nationalities and so the international support of the Holy Family flows in a continuous stream—staff, patients, and the auxiliary all giving strength to each other, culminating in an atmosphere of international fellowship and goodwill.

But the Holy Family in New Delhi is not the only jewel in the crown of the Medical Mission Sisters (though we may at times feel this to be so)!—there are the other "Holy Families" in India, eight, to be exact, plus those others in many places throughout the world. It is a large crown, indeed, with each jewel dedicated to healing, serving, and helping—the many kinds and colors and types of our fellow-man, wherever and whenever they can be reached.

International auxiliary, Holy Family Hospital, New Delhi. Ladies from various Embassies, etc., promote interests of hospital. Present membership from 30 countries.

Well Ordered Charity

by Rev. Pierre Charles, S.J.

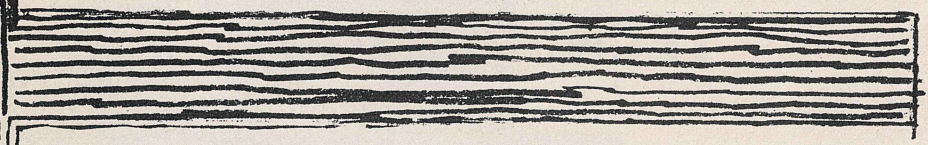
Almsgiving has often been recommended to me as an excellent form of charity: and preachers of charity sermons (with a collection to follow) have so dinned this into me that I am led to believe that charity consists in giving. Surely love should have another effect, than of despoiling me for another's benefit! Ought not charity to be otherwise than a mere regulation of transferring from one to another?

Let me reflect upon this. To communicate a good does not always entail a separation; and when the good is of a spiritual order, separation may be impossible, except in certain cases. When my neighbor asks me the title of a book or the time of a train, my reply does not cause a vacancy in my mind, as though I had emptied a drawer. Both of us now know, but before I was the only one to have the knowledge; and when I reply to the question as to who I am, I know my age and name as well after the reply, perhaps better than before. Knowledge is not given; it is transmitted, as one taper serves to light all the candles on the altar.

When the Incarnate Word came to save the world, He communicated His grace to us, but He was not thereby deprived of any: and it would be blasphemous to suggest that the part given to us took away from the fulness of His merits. And does the Blessed Virgin impoverish herself by reason of her gifts to man? And because the Church daily fills her hands from the coffers of Our Lady's perfections, must they be refilled anew, as are the treasuries of a state replenished by more taxes?

Charity does not impoverish Peter to enrich Paul. Her tendency is to put everything in a common fund: and when she gives or deprives herself, it is simply because material things cannot be held in common and because the bread eaten by the starving can be eaten by Him alone, and because the cloak worn by the needy cannot cover the whole family. When I pray for the non-Christian world I do not lessen the treasure of the Church; I communicate it without any loss and to the advantage of the whole world. And in loving my neighbor as myself I do not deprive myself of any love.

"As myself:" Such are Your words, O Lord, and here it is that my subtle reason has ready a little revenge. (As Myself) all in good time! Well-ordered charity begins then with myself. Everyone knows and repeats this, and theologians have written it in books passed by the highest authority. Well then, I am content. When I am asked to interest myself in the non-Christian, I will reply that I am so much occupied with myself, and that here I have a great work, and



that the length of that first act will indeed take all the time allowed for the whole play: after that I will lift the curtain, and I shall be able to practice perfect charity without being taken up with myself. Lord, even the wisest sayings may be turned into foolishness by our selfishness. It is very true that if my eternal salvation and that of my neighbor are in conflict, I may not sacrifice mine: such would be spiritual suicide, and would not be charity but an error. Again, it is true that the same principle applies, with the necessary changes and reservations, each time such a conflict occurs in the material order, and I am not obliged to impoverish myself to save my neighbor nor to die from hunger if he has nothing. But when I call upon that principle to cover my sloth and to excuse myself from giving all I can to the missionary work—without loss to myself—all my pharisaic objections will not deter You from a hard judgment on my actions.

My prayers, my wishes, my support, and even the resources I can dispose of without personal loss, all these I will concentrate upon myself and those near me, for charity begins at home! ! Well-ordered charity begins from oneself to take the full measure of the love she extends to all: as a surveyor takes his chains to measure the area of a field. Nothing more. It would be strange if charity began with one's egotism and proceeded only half way from it.

O my God, I have so often heard those phrases: One's country first, one's family first, one's parish first . . . The parish is without a doubt a very sacred thing, and those who disdain or refuse help to furthering its spiritual life are at fault: but I ought not to love my parish except by reason of the Church for whose sake alone it exists, and from whom it has received all which makes it of value. And then it is impossible and wrong to make comparison between the parish and the Church as between two rivals. The spread of the Church today is a natural function, essential to the Church. Hence the faithful in supporting this growth, far from forsaking their parish, fulfill that which is the first of all parochial duties.

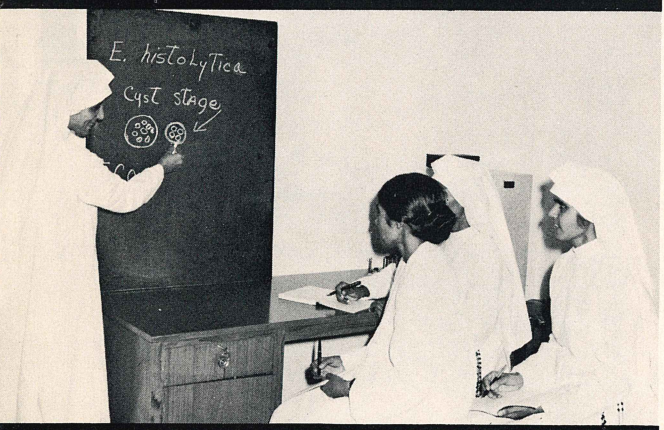
Lord, in the true perspective of universal charity, I would make my actions conform to Your wishes. I know where such a desire will lead me, and that, above the narrow horizon of self, it will help me to include the boundless scene of Your labors. It seems that oftentimes I hear that beautiful canticle of true love, that which alone has the promises, and which one day will possess the earth: the canticle of Christian love which claims no other right than devotion even to death: *Fortis ut mors dilectio*—a love strong as death—and which, cancelling all divisions, gives only the divine standards of unity. *(Prayer for All men)*

JAGMOHAN
STUDENT TECNHOLOGIST

by Sister M. Francisco and Sister M. Michael Ann

This is the story of Miss Jagmohan Bajaj, one of the first three students to enroll in Delhi's Holy Family Hospital's new Laboratory Training Program, affiliated with the University of the Punjab. It is the first accredited Catholic School for Laboratory Technicians in India.

Jagmohan is not a stranger to the hospital staff. Previously she had worked as a receptionist in the Hospital's Out-Patient Department. When the Laboratory received official approval to open a training school in Laboratory Technology, Jagmohan was one of the first to apply. Jagmohan's training will extend over a period of two years during which time she will study such courses as blood studies or Hematology, Bacteriology, Biochemistry, Parasitology, Histology, and Blood Banking Techniques. Lectures and technical methods in the curriculum are given by Sister M. Francisco, M.D., Pathologist, and Sister M. Michael Ann, M. T. (A.S.C.P.), Medical Technologist. At the end of their two year training program the students will be eligible to take the State examination and become certified Laboratory Technicians.



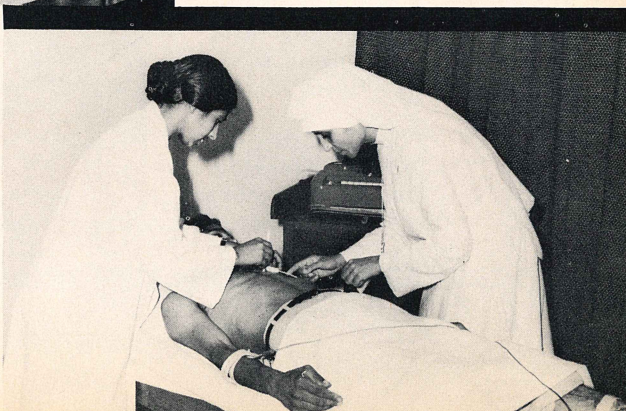
TOP TO BOTTOM
Jagmohan, Sr. F. Grace, and Sr. Th. Clare learn the technique of blood smears. Malaria is prevalent in nearby areas.

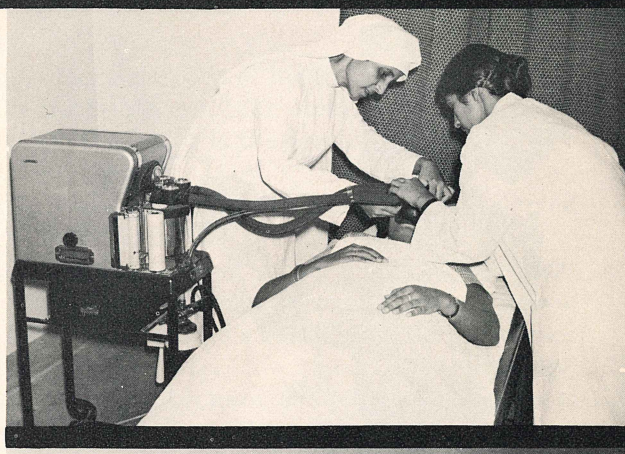
Parasitology lecture. There is a high incidence of tropical parasitical disease in India.

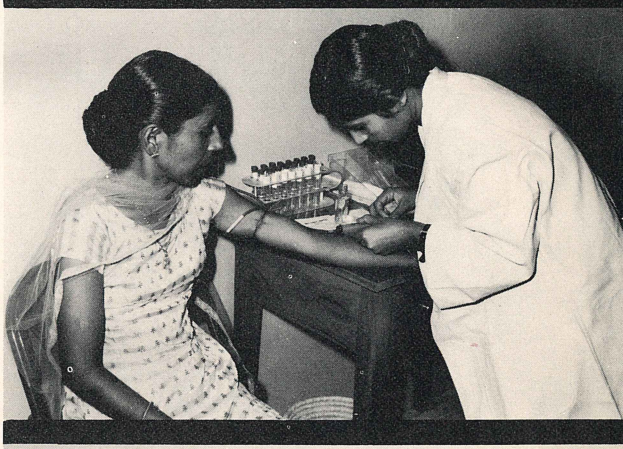
Sister M. Michael Ann demonstrating a routine Hematology procedure.

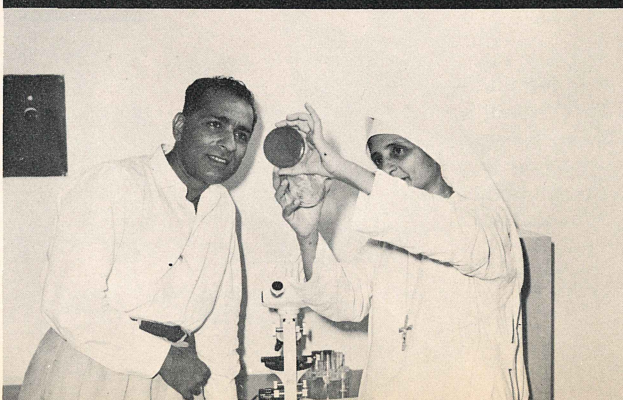
Jagmohan takes a lesson on doing Electrocardiograms.

Sr. Francisco, M.D. introduces Miss Jagmohan Bojaj, new medical technology student to the Administrator.









TOP TO BOTTOM
Sister Michael Ann and Jagmohan ready to take blood from village baby.

Preparing patient for Basal Metabolism test.

Jagmohan taking blood from patient. Jagmohan speaks Punjabi, Hindi, also English, so she is villagers' favorite.

Dr. H. Khosla, Internist, discusses blood culture and diagnosis with Pathologist.

Sister M. Aquinas (right) and Sister M. Caroline (left) visiting the home of a village woman. The lady was not feeding her child correctly. Eighty per cent of India's people live in villages. There is much Public Health Work to be done.

As I sit in a third floor room at the front of Holy Family Hospital, New Delhi, I view a pleasing pastoral scene. The road-bordering trees are spaced well enough to allow the observation of four buffalos grazing near the harvested field. Beyond is a monsoon green strip of what looks like deep grass, but is probably a cereal crop. On a rise to the center right, is the picturesque Masigarh Church. Filling the center and far left on a rise behind a banana and fruit tree grove, the village of Masigarh peeks through the foliage of older, yet greener trees.

When I first traversed the rutted road to Masigarh three years ago, the "Corporation" had not gotten around to installing the amenity of cemented open drains. Most of the houses were mud with flat roofs. There were blocks of houses set apart by wide roads. A young mother sweeping the dirt yard in front of a corner house attracted me with her smile. Her baby, well-oiled, lay gurgling on a *charpoi* (string bed) soaking up vitamin D from the early morning sun.

At my "Nemaste" (greeting) Ram Kaur put her broom aside, swept the chubby brown infant astride her left hip, ready for conversation. Her receptivity encouraged me to question and learn. Despite her youth, I learned that this child was her sixth. The previous five had all died between the ages of four months and one year.

Ram Kaur recalled to my mind a gypsy girl I had known. I later learned that she is a Rajasthani. Her extraordinarily full skirt reached to midcalf. A half veil, in a bright red color covered her long hair. Thick heavy semicircles of silver followed the curve of her neck and ankles. The striking thing about her was the joy which she took in her infant son; it sparkled in her eyes, vibrated in her smile. Mindful of the implications of the sad history Ram Kaur had given me so briefly, I invited and urged her to bring little Jai Prakash to the well-baby clinic. Her home was entered as a "must" in the book for our Public Health nurses to visit.

About four months later we had as our guests two American Benedictine Sisters from St. Scholastica's College in Minnesota. The Sisters expressed a wish to visit the villagers nearby. Toward sunset, as the stifling heat of a Delhi summer day began to diminish, we walked to Masigarh. I knew Ram Kaur would welcome us, show us her neat one-room home, and explain the use of her polished vessels lined on floor and shelf. I anticipated a pleasant renewal of our acquaintance.

Once again, I found her outside her home. But the rest was not as before—she was sitting dispiritedly on a *charpoi*, shoulders drooped, head bent over a marasmic infant. At my greeting, she lifted a face old with sorrow, her full eyes sunk in black hollows.

"Is this Jai Prakash?" I asked.

The question may seem rhetorical, yet I could not believe it was the same child I had seen four months before. Ram Kaur nodded "Yes." "Didn't the nurse from the hospital come to tell you how to feed the baby?"

"He spits it out," she answered defensively.

"Did you take him to the Doctor in the well-baby clinic?" I asked.

"Once, sometime ago."

"But you must take him to the hospital now; he is seriously ill and needs medicine," I urged.

"We are giving medicine, but it is no use." She called her husband to show me the medicine. The young father, Rati Ram, whom I had never met, came carrying a bottle of red liquid. This was quite possibly a suitable tonic for adults, but certainly not what the baby needed. I discovered that the father had spent the equivalent of two days' pay—four rupees—he is a daily laborer-coolie—for the "blood builder." With much urging, I managed to get the father to agree to see that the child came for hospitalization the next morning. The little fellow looked to be three pounds less than he had been at six months.

Jai Prakash was admitted the next day. We undertook to treat his marasmus (emaciation) and bronchopneumonia. He weighed less than 10 pounds when he was admitted on July 1. This was a good six or seven pounds less than he should have weighed at 10 months. There was a great amount of teaching and persuasion devoted to convincing Ram Kaur that breast milk and achromycin alone would not do for Jai Prakash. (The ever present mother-in-law told me that she had nursed all *her* babies until they were two years, never given cereal or any of these other foods which we with our new-fangled notions were trying to feed Jai Prakash.) However, after 17 days, the evidence of a "perking-up" 13 pound Jai Prakash, elicited a promise to continue baby care along the lines we advocated. Jai Prakash was a faithful attendant at the Pediatric Clinic for some time. Sister M. T. Rosaline taught Ram Kaur in her home, just how to make *suji* (farina) with U.S. wheat and powdered milk and he was thriving on it.

Ram Kaur was attending the antenatal clinic at this time, and was booked for a home delivery at the end of July. Our Public Health staff would attend her case in her home . . . at least that is what *we thought.*

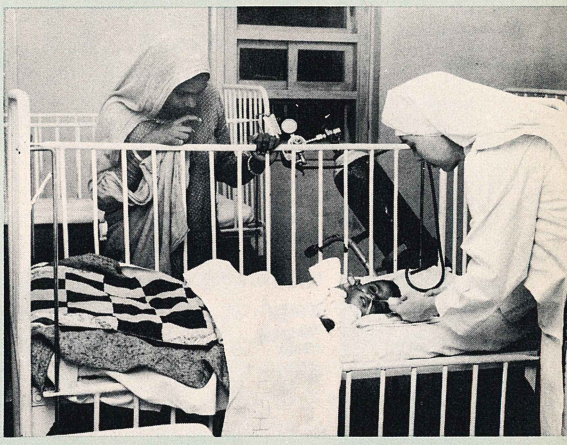
* * * *

It was a peaceful Sunday morning, the first Sunday of September, and I was walking in the hospital garden. From the corner of my eye, I noticed two village women approaching. The older woman cradled an infant in her left arm. Her right hand near the infant's head clutched an object. Instinctively, after nine years with the poor in India, though the woman's arms were heavily veiled, I knew the outlined object was the knife with which the baby's cord had been cut. And I knew that the baby had tetanus! Then I recognized Ram Kaur and her mother-in-law. Ram Kaur had given birth at home *unattended* eight days before. Her husband had not bothered to call the hospital midwife nearby—but only the traditional sweeper woman to cut the cord. Now . . .!

And so Sukh Pal was admitted. A combination of medication, expert nursing, and fervent prayer readied Sukh Pal for discharge as Ram Kaur's second child. This time she learned her lesson for always.

I wish you could see Jai Prakash now. When we visit Masigarh he does a charming dance for us—the North Indian "Bangra." His tilting head and lively eyes remind me of his mother at our first meeting.

We have a functioning, growing hospital here in Delhi and are able to help many families—our neighbors indeed —for "Whoever needs you is your neighbor."



Ram Kaur, Rajasthani villager, watches anxiously over Jai Prakash who was brought into Holy Family Hospital, New Delhi, with marasmus and bronchopneumonia due to ignorance of what a child should be fed.

YOUR WILL +

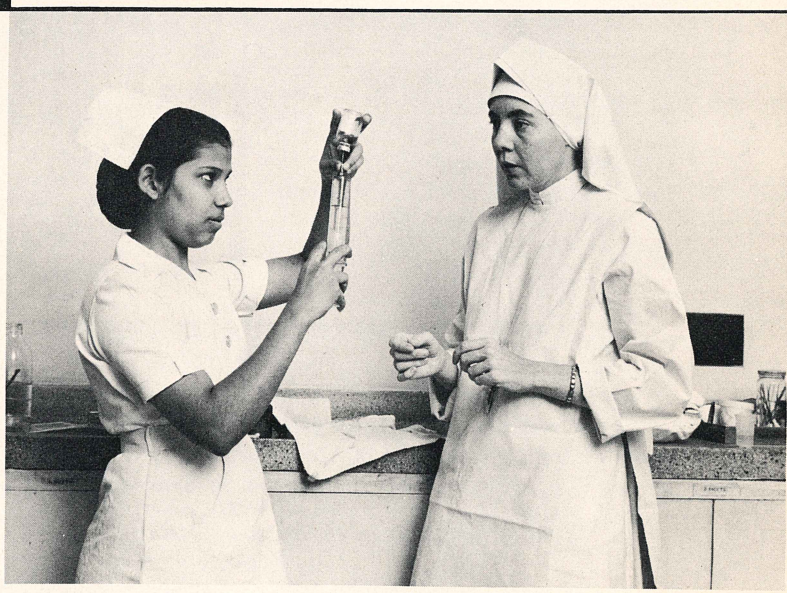
can help the Medical Mission Sisters bring health and healing to the sick and suffering of mission lands. The following approved form of bequest may be used:

"I hereby give (devise) and bequeath to the Society of Catholic Medical Missionaries (also known as the Medical Mission Sisters), an institution incorporated under the laws of the State of Maryland, and its successors forever the sum of $.....for its purposes,"

If you have already made your will, it is not necessary to make a new one. It is sufficient that a codicil be added, using the above.

Nurses Training School at the Crossroads of the East

H.F. Hospital, New Delhi has Grade A Nurses' Training School. Sr. M. Charles teaching First year students, Anatomy class.



Sr. M. Caroline, B.S.N., teaching student nurse from South India how to prepare I.V. solutions. Indian girls make very good nurses.

by Sister M. Charles

You may wonder what a nursing school in India is like and how it compares with those in the United States of America. It has been said that throughout the world regardless of race. color, or creed you will find three types of people: clever, medium, and not so clever. Given the same food, environment, and education all races will produce these three varieties. The same is true in nursing. There are very clever nurses, medium nurses, and not so clever nurses. The task is to provide the proper conditions so that the Indian girl can develop into a mature, responsible, conscientious nurse.

In 1956 we opened our three-year Grade A school of nursing here in New Delhi with students coming from North India, South India, and Kashmir. The majority of students came from South India mainly because nursing is essentially a Christian profession and South India boasts the highest percentage of Christians.

Knowing the status of women in the past in India, one can understand why there are so few nurses today. But social change is making rapid strides and nursing is gaining its rightful place. Having kept their daughters strictly in the zenana section of their homes, parents naturally feared sending them out among all classes of people. This would mean putting aside all the taboos and various customs they had solemnly practiced up this time.

It has taken years to convince them that caring for the human body is a sacred thing. In nursing,their daughters would learn in a scientific way the mechanics of the human body, soul, and mind, and an explanation of the moral law and Christian ethics would give them an anchor to keep them well balanced.

Now with collegiate programmes available in five colleges throughout India, many of the higher class girls are attracted to the nursing profession, knowing that it can lead to a college degree.

Some girls come into nursing prepared for study but devoid of practical ability. This is a problem to be met but is not insurmountable. Others come eager to serve and are not altogether too brilliant. These latter work harder and consequently often make better bedside nurses. The former provide good material for higher education and teaching posts.

Since English is no longer obligatory in Indian schools, language is a great drawback. At least three months before

regular classes begin, we teach English to new students. During this period they get to feel at home, adapt to the difference in food, climate, and environment. North India is like a new country to the South Indians. They never understand when you say "bring warm clothes." They have never experienced cold weather.

September brings a heavy class schedule for three months of Anatomy, and Nursing Arts—theory and experience both in the classroom and wards. History of Nursing. Professional Adjustments, Microbiology, Hygiene, Physics, Chemistry, Drugs and Solutions, Nutrition, Public Health, First Aid and Bandaging, Principles of Morality, Ethics, and Operating Room Technique are gradually added in the next few months. By January they are expected to care for the patients on the wards under supervision six hours a day and classes are cut down to two hours a day. At the end of thirteen months after having had a month's holiday the first state examination is taken—written and oral. It is not easy and nervous excitement is high.

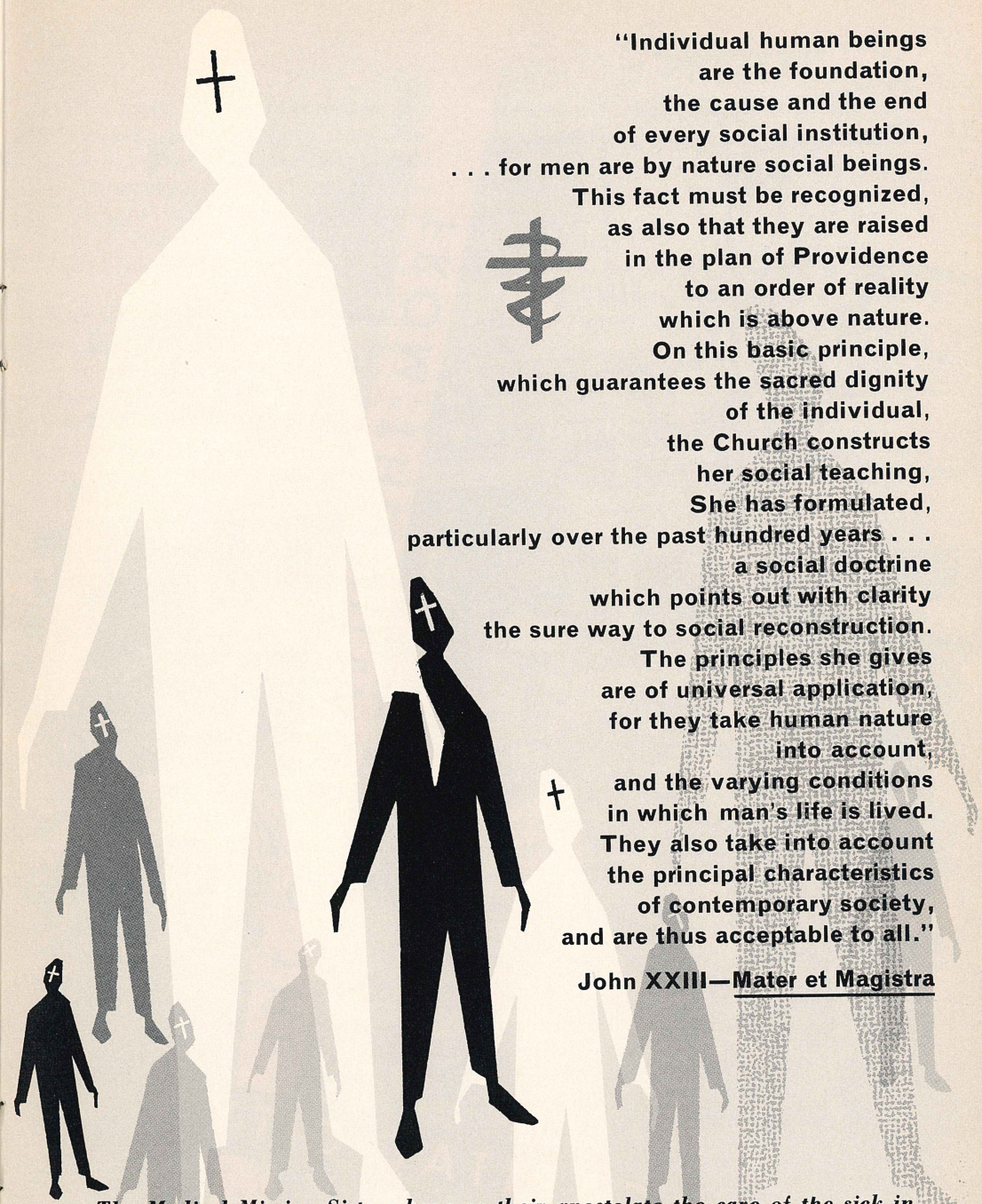
Now, the medical and surgical classes begin along with Psychology and Mental Hygiene, Diet in Disease, Gynaecology, Pharmacology, Public Health, Pediatrics, Psychiatry, Medical Ethics, Urology, Ear, Nose and Throat, Ward Management, Communicable Diseases, and Professional Adjustments II. These are scattered over the last two years. An affiliation for tuberculosis nursing completes the schedule for the three-year period, followed by their final state examination. You would think that this was sufficient but in India a graduate nurse is not considered fully trained without a midwifery certificate, which she acquires in a fourth year. In 1960 Holy Family Hospital New Delhi's training school was recognized as a midwifery school as well and twenty students per year take a nine months course where they learn to conduct normal delivery cases and to assist the doctor in abnormal cases.

Two months of Public Health visiting in the villages provides practical application for the Public Health which is integrated throughout the four years.

The discipline of the school is much like the United States except that there is not as much social freedom. All students, nurses, aids, and even graduate nurses live in the hospital so the recreation and social facilities must be provided. There is a Student Nurses Association for self government with monthly meetings to attend in various hospitals throughout the city. Room inspection and dining room inspection is regular, and like all students when expecting an inspection they hurry to put everything in order.

By the time a student graduates she has had many opportunities to meet East and West for her patients here may consist of Englishmen, Dutchmen, Germans, Japanese, Thais, Cambodians, Americans, South Indians, or Pakistanis, as well as the Indians of Delhi. Living in the cosmopolitan Capital city we get a cross section of the world.

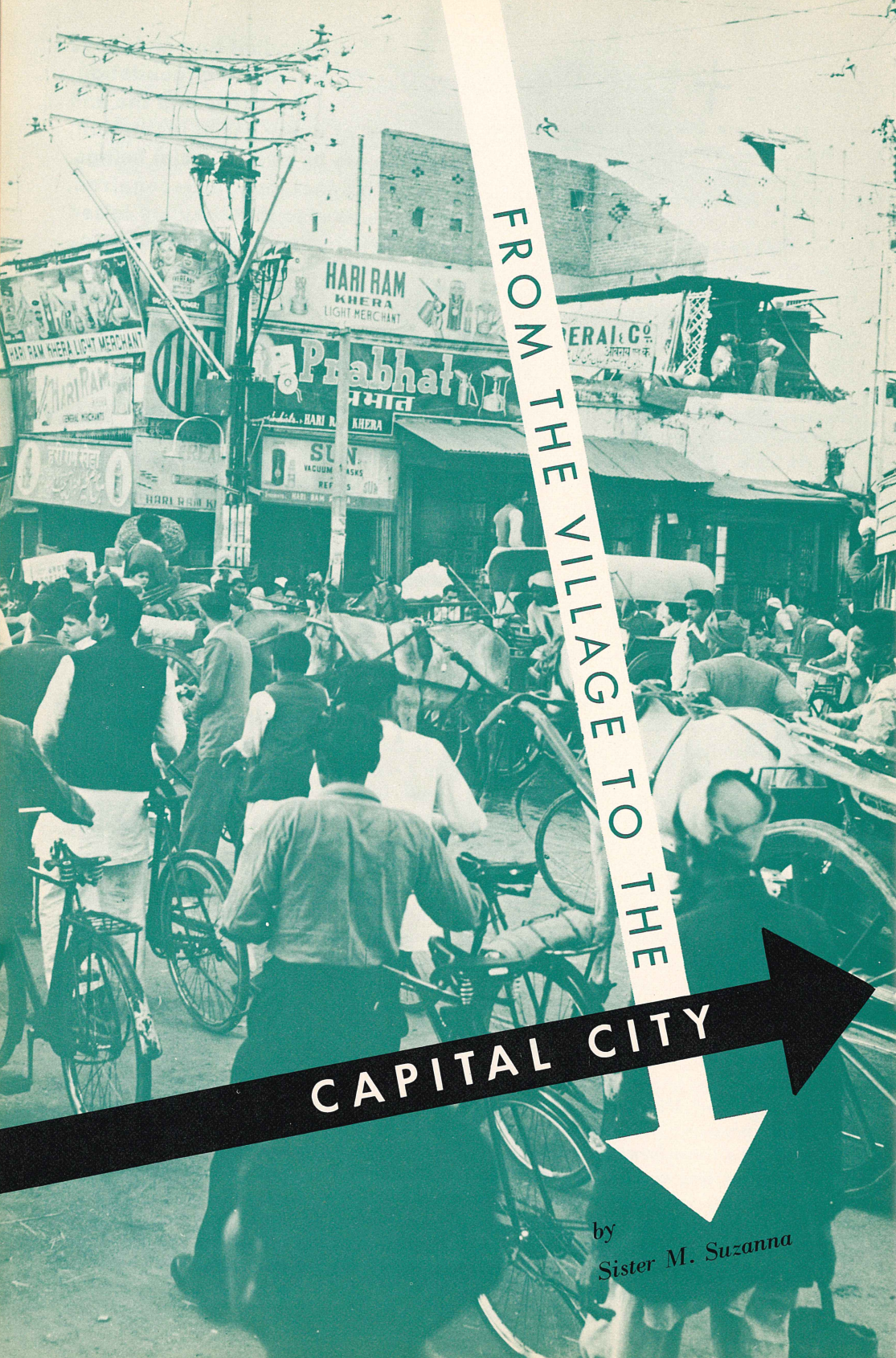
It is inspiring to see these girls develop over the years into truly professional nurses. They even surprise themselves when they look back to the days of a fresh young student with long pigtails dangling, afraid to speak and unable to understand English. These are four long years and truly appreciated only after beginning their professional careers of graduate nursing. We are happy to be able to help supply India with more and more good nurses to help in the prevention and alleviation of disease. India now has 32,000 trained nurses (she needs 700.000).



"Individual human beings
are the foundation,
the cause and the end
of every social institution,
. . . for men are by nature social beings.
This fact must be recognized,
as also that they are raised
in the plan of Providence
to an order of reality
which is above nature.
On this basic principle,
which guarantees the sacred dignity
of the individual,
the Church constructs
her social teaching,
She has formulated,
particularly over the past hundred years . . .
a social doctrine
which points out with clarity
the sure way to social reconstruction.
The principles she gives
are of universal application,
for they take human nature
into account,
and the varying conditions
in which man's life is lived.
They also take into account
the principal characteristics
of contemporary society,
and are thus acceptable to all."

John XXIII—Mater et Magistra

The Medical Mission Sisters have as their apostolate the care of the sick in those parts of the world where the need is greatest. Theirs is a vocation that calls for a large measure of generosity from each individual Sister as she brings healing and hope to the people of India, Ghana, East and West Pakistan, Venezuela, and South Vietnam. Her task, whether as surgeon, nurse, pharmacist, technician, hospital housekeeper or secretary is one of bringing Christ's love to men in a tangible way through the action of her hands and the devotedness of her life thus making real the joyous message of salvation.



FROM THE VILLAGE TO THE CAPITAL CITY

by
Sister M. Suzanna

It is perhaps a part of the enigma of a missionary vocation that the missioner must strive to become part of the ethnic group among whom he works, concentrating on their language, customs, and culture, and yet never become provincial. When assigned to a particular place he gives himself to it quite totally—head, hand, and heart, and yet always remains ready to accept a new assignment to a different locale, country, or even continent, where he will have to start once again learning the customs and ways of the people.

So ran my thoughts as I sat looking out of the train window at the beautiful green rice fields and lovely coconut palms of Kerala sliding by my view and out of my life. After four and a half years in Thuruthipuram they represented "home." During the four day trip I thought over the previous years and like most people "leaving home" all the good, beautiful, wonderful things came crowding into my mind, while the inevitable difficulties and troubles were pushed into the background. A good many of these latter were put into that section of life that we laugh at in retrospect—the electricity that went off every Sunday and frequently during the week or in the middle of an operation—the pipe that leaked in the storeroom no matter how many times it was fixed—the field sterilizer that had to be wrapped in a turban to prevent the steam from leaking out, etc., etc.

But most of all I thought of the people, how much they had come to mean to me over the years, all the ways they had shown gratitude: a handful of candy wrapped in newspaper and meant just for me—an egg because I was looking thin—the nurses and aides, whom I had alternately scolded and praised, teased and encouraged, taught and learned from, with their farewell programs of dances and songs. There was the overworked office boy eagerly doing some last minute typing for me and asking rather hopefully if there wasn't anything else he could do before I left, and the kitchen girls leaving a piece of tender coconut at my place or running to get me some mango pickles, sure that I wouldn't possibly be fed as well in North India. And, of course, my old patients asking for prayers and ending with, "Don't forget us, Sister." As if I could!

Delhi

I found that Delhi was, as I had expected it to be, quite a modern metropolis and in some respects, almost the opposite of Thuruthipuram. Here, jet planes roaring overhead and snarled downtown traffic are almost taken for granted, whereas there, the sound of a plane overhead or a car coming toward the hospital is quite sufficient to bring out any number of little boys to investigate.

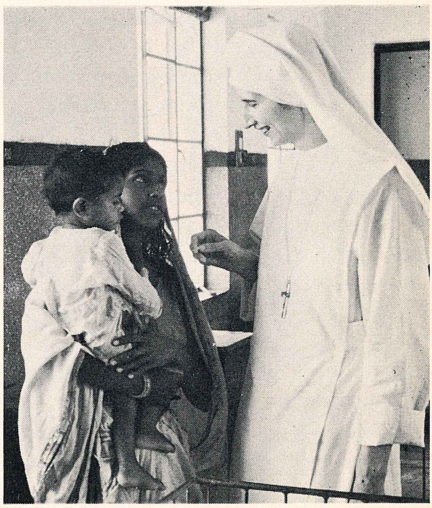
For the first time I realized what a terrific adjustment the average Malayali village girl must make on entering nurses training in North India. Not only must she learn the highly technical English language for her examinations—a language she has studied from teachers with a wide variety of accents—but she must eat strange food and learn still another language, Hindi, which is the language used here, and adjust to an entirely different type of Indian culture mixed with modern devices of the 20th century. For example, many of them have never seen an elevator or used a telephone, but they are expected to use them soon after their arrival. The fact that they rapidly adjust, and become good nurses along with it, is a credit to their intelligence and adaptability and also to the hospital which trains them.

For myself, I found Hindi much easier than Malayalam, and there are

many books available, but here I don't have the advantage of repeated contacts with the same persons. After the first couple of months in Thuruthipuram I could count on at least one patient or relative in a ward whom I could understand and who in turn would overlook my American accent and really listen to what I was saying. This person would relay my questions or instructions to the others in the room, sometimes quoting me word for word, including my mistakes in grammar, some of which I recognized to my chagrin only on the second, or third time around. In Delhi, the majority of the patients are as yet complete strangers to me, and there is the added fact that many people here speak a *little* English thus nullifying one of my strongest motives for learning a new language—the desire to communicate. Malayalam still comes first to my tongue when I talk to the patients, much to the delight of the nurses, most of whom are Malayalees, but the other day when I was talking to a Malayalam-speaking patient, I found myself putting Hindi verbs at the end of the Malayalam sentences. I hope it is an indication of more spontaneous Hindi in the future.

Of course, I still miss the people of Thuruthipuram, but Delhi is fascinating as a mixture of cultures and cross currents of national and international ideas and influences, many of which flow through and intermingle in Holy Family Hospital. In fact, though costumes, custom, languages, and even diseases may vary, basically, people, particularly sick people, are pretty much the same the world over. Whether in Tacoma, Washington, or Thuruthipuram, Kerala, mothers of families worry about how things are going at home, and if the children are getting off to school all right. Old people, whether American or Asian, resent having their established routines upset, and often become difficult to handle in the hospital. Women in labor everywhere want someone to stay near them, and often appreciate your mere physical presence and a little moral support more than anything else you can do for them.

Nursing in the Capital of India brings one in contact with a wide variety of human beings—each made to the image and likeness of God, but each mirroring a slightly different aspect of God. And, at the risk of sounding old-fashioned, I really have to admit that I'm not nearly half as interested in what is to be found on the other side of the moon, as I am in that patient on the other side of the hall —that person for whom Eternity will be only beginning, when the Universe has long since ceased to exist.



Hindu girl brings her baby brother to Sister M. Suzanna for medicine.

Across the Medical Mission World

INDIA

Riot in the Diet

Have you ever eaten cheese balls in your Jello salad—Darjeeling cheese balls? Well unless you fortify your stomach with a coat of iron, don't try it! Darjeeling cheese, or Yak cheese is old—from something B.C. at least—if you can go by the taste and the durability.

It all happened when one day I thought I'd inaugurate a change in the diet. I explained how to make a Jello salad using lemon Jello with shredded carrots, cabbage, and apple—sounds simple, doesn't it—and the cook took it all in, in one sitting—or at least so I thought from his vigorous head nodding and "*Han, han ham banaega*" (Yes, yes, I'll make it tonight). Imagine our consternation as we sat down to supper to see this concoction sitting enthroned in the center of the table—still in the salad ring! No one knew of my attempt to change the menu a bit, so I felt like climbing into the nearest hole, as I viewed the ruins of my good intentions. First of all, the cook used raspberry Jello and inside, sure enough, there were carrots and cabbages somewhat shredded—but there were also queer white balls of—what could it be? One by one the mystery was solved as we all made silent acts—trying to masticate Darjeeling cheese balls no less!

Thence forward, we went back to our routine of green pumpkin and gentleman's toes (a small green vegetable that looks like a 2-3″ cucumber outside and inside are pea-sized seeds). At least the cook knows what to do with them! They are soft and nice when tender, but as they get older they get tougher and tougher until the seeds are hard as marbles and you end up either swallowing them and suffering a 24-hour marble game played internally, or you remove the seeds and eat the tough skin only.

Sister M. Carol, Kurji
Holy Family Hospital, Patna, India

SOUTH VIETNAM

Doctors' Congress

Sister M. Virginia, M.D. and Sister M. Marguerite, R.N. attended the Second Asian Congress of Catholic Doctors held in Saigon last October. They were very much impressed with the excellent manner in which it was organized. The Congress opened with a Solemn High Mass at the Cathedral celebrated by the Rt. Rev. Francesco De Nittis, Charge d'Affaires of the Apostolic Delegation to

Vietnam. On the final day of the Congress they had the opportunity of meeting President Diem at the Presidential Palace. The President recognized them and questioned them about their work in Quinhon. The Sisters also met many Catholic doctors from Thailand, Burma, Japan, Taiwan, Hong Kong, and the Philippines, as well as the Vietnamese delegation.

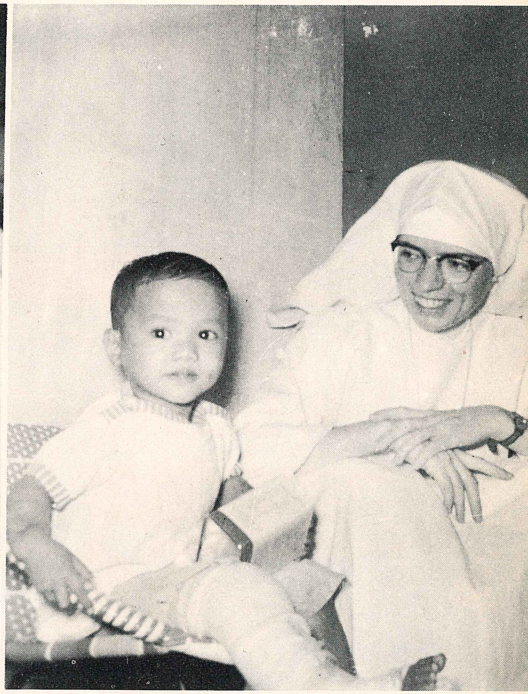
INDIA

RH Factor

A mother told me the other day that her two children died due to color changes! (Rh Negative Mother.) She thought that this color change was due to evil spirits, and she was doing all the "*Mantras*" (prayers and worship) for that. Today when she attended antenatal classes we stressed the importance of a blood test for the Rh factor. Only then she realized what the color changes were due to, and she went home to tell her husband.

Sister M. Caroline, Holy Family Hospital, New Delhi, India

Francis Cardinal Spellman praised the work of the Medical Mission Sisters for the sick around the world and especially at Holy Family Hospital, Rawalpindi, West Pakistan, the first of the medical centers founded by the Sisters just 35 years ago—when His Eminence said Mass in the hospital chapel on December 30th. Shown here with his Eminence are: (l to r) Sr. M. Andrew, Sr. M. Kieran, Major Pollock, Chaplain of Air Station; Sr. M. George, Administrator, Monsignor Joseph Harnett, Far East Catholic Relief Services, His Eminence and Sr. M. Renee, Superior.



Sister M. Raymond and Sister M. Virginia, M.D.,
with a young orthopedic patient,
Holy Family Hospital, Quinhon, South Vietnam.

+ R.i.p.

Please pray for our benefactors recently deceased:

His Eminence, William Cardinal Godfrey, Westminster, England + Rt. Rev. Msgr. George Shanks, Prefect Apostolic of Kashmir and Jammu, India + Bro. Armand Hebert, C.S.C., Chomedey, Canada + Dr. Bernard J. Houston, Phila., Pa. + Hon. James P. McGranery, Wash., D.C. + Rev. Mother Mary Agnes, of Most Blessed Sacrament, Cleveland, Ohio + Mrs. Rose A. Egan, Belleville, N. J. + Mr. Robert Franz, Columbus, Ohio + Mrs. Ellen Healy, St. Johns, Newfoundland (Mother of Sr. M. Michaela, S.C.M.M.) + Mrs. Margaret Hogan, Niagara Falls, N. Y. + Mrs. Thecla Jagielski, St. Cloud, Minn. (Mother of Sr. M. Eugenia, S.C.M.M.) + Mr. Frank Keenan, Phila., Pa. + Mrs. Alma Keller, Dayton, Ohio + Mr. Joseph Munch, Hollis, N. Y. + Mrs. Ursula Nelson, Baltimore, Md. + Mrs. Nora O'Dea, Catonville, Md. + Mr. Francis Rowan, Phila., Pa., M.M.M. Aux. (Father of Sr. M. Benedicta, S.C.M.M.) + Mr. William Ryan, Darby, Pa. + Miss Elizabeth Spaeth, Brookville, Ind. + Mrs. Margaret Strumpf, Richmond Hill, N. Y. + Mlle. Madelein Thibaudeau, Westmount, Canada.

INDIA

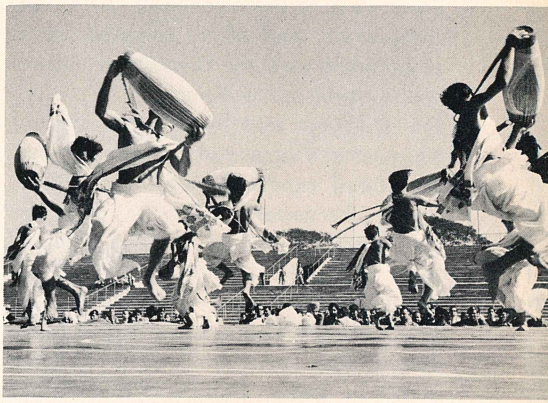
Dance Festival

To add to the celebrations of Republic Day (January 26) in the capital city of New Delhi, the Indian government invites a group of dancers from every state to perform in the National Stadium. These groups vary in size from 15 to 30 dancers, and the dances portrayed are those which are indigenous to their particular states. These are not the classical oriental dances one might expect to see in the East; rather they depict what we would call the "folk dances." Each region is as distinct as their cultural background. In this regard it is interesting to note the African influence in the dances from the Southern States and the peculiar oriental, almost Chinese atmosphere of the Northern Eastern States. Generally the groups comprise both men and women dancers. However, some dances, like the war-dances of Rajastan, were danced solely by a group of men, and others. like the "challenge" dance of the Punjab, were danced by women. The elaborate costumes of each group, the precision and grace of the dancers, produced a magnificent spectacle.

Sister M. Michael Ann, Holy Family Hospital, New Delhi, India

Republic Day celebrations, New Delhi. Elephant in procession gives salute. There is much pageantry and folk dancing.

Simplicity in
the Rajputana
Dance steps.



TOP TO BOTTOM
Bhangra Dance from the Punjab in progress, one often sees three generations dancing together—father, son, and grandsons.

Dancers from North East Frontier Area performing the Rengma War Dance.

Pung Cholom dance from Manipur (performed by men) known for its intricate and fast footwork.

Gay folk Dancers from Saurasthra (Bombay). Indian men have specialized in the dance as much as, if not more than, women. From the professional dancer down to the poorest village woman there is an ingrained aptitude for expression in the dance—religious, political or just plain family get-togethers.

BOOKS

Sister M. Fabian

TRADITIONAL CULTURES AND THE IMPACT OF TECHNOLOGICAL CHANGE. George M. Foster. N.Y. Harper. 292 pp. $6.50.

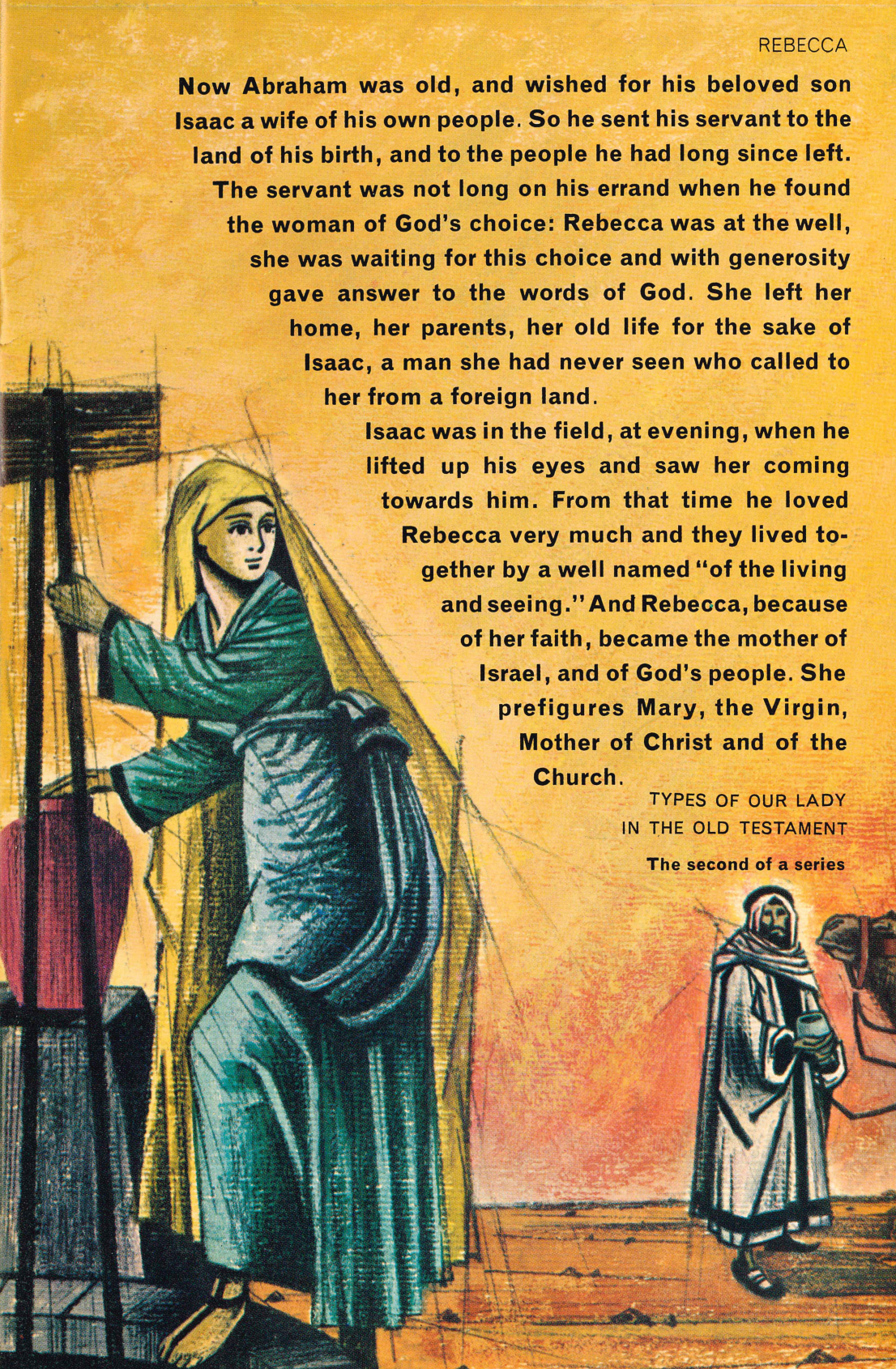
In an age of U.N. and U.S. technical assistance programs, anthropologists and sociologists are becoming increasingly concerned with the impact of these programs on traditional cultures. Dr. Foster gives voice to these concerns. As an anthropologist and social scientist, he is acquainted with the theoretical aspects of the problem; as a member of a number of groups sent by U.S. government agencies to a variety of countries, he has first hand experience of the problems under discussion. Working with the Smithsonian Institute, the U.S. Department of Public Health, and the Community Development Division of the International Cooperation Administration, he has spent much of the last ten years in India, Pakistan, the Philippines, and in various countries of South America.

The key problem which Dr. Foster broaches concerns the cultural, social and psychological changes which follow in the wake of technological change. He shows how change in technology within an area gives rise to corresponding changes in values, beliefs, attitudes, and behavior of the people. Americans, he states, have a tendency to wear "cultural blinders" and to forget that any action which is aimed at the good of a country or a people is subject to misinterpretation if it is not put forward in terms understandable to the recipients. Most agencies now recognize the importance of the "human factor" in technical development and are working to train their technicians to an understanding of the basic concepts of cultural anthropology, as well as to a knowledge of language, culture, and traditions.

Dr. Foster's study is made in reference to the traditional rural communities which have been the main interest of specialized agencies of the U.N. and the U.S. He brings forward the cultural, social and psychological barriers to change to be found in these communities. Failure to take these barriers into consideration can spell doom for a technical assistance program before it passes the planning stage. On the other hand, there are definite stimulants to change within the community itself, which, if understood by the technicians, may be an aid to implementation of the program. Many examples from his own experiences and from the experiences of various technical groups are cited to illustrate the principles involved.

A final chapter discusses the ethics of planned change, the obligations of the technicians towards the people involved in these programs.

The study gives valuable insights into the overall problem of technical change from the point of view of the society undergoing change, and from that of the technician who experiences "culture shock" in his overseas work.



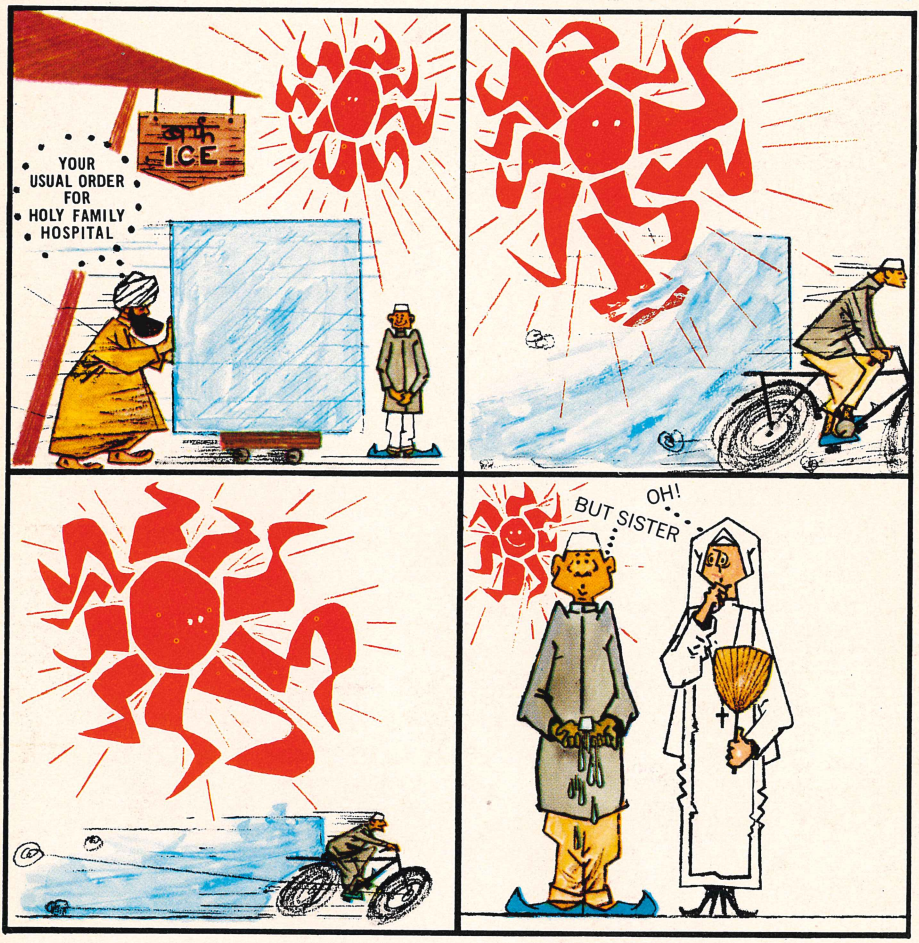
Now Abraham was old, and wished for his beloved son Isaac a wife of his own people. So he sent his servant to the land of his birth, and to the people he had long since left. The servant was not long on his errand when he found the woman of God's choice: Rebecca was at the well, she was waiting for this choice and with generosity gave answer to the words of God. She left her home, her parents, her old life for the sake of Isaac, a man she had never seen who called to her from a foreign land.

Isaac was in the field, at evening, when he lifted up his eyes and saw her coming towards him. From that time he loved Rebecca very much and they lived together by a well named "of the living and seeing." And Rebecca, because of her faith, became the mother of Israel, and of God's people. She prefigures Mary, the Virgin, Mother of Christ and of the Church.

TYPES OF OUR LADY
IN THE OLD TESTAMENT

The second of a series

there must be an easier way



there I$ an easier way.

The kitchen in Holy Family Hospital, New Delhi needs an ice-making machine. In an area where the temperature runs from 110° to 115° and patients are running fevers of 105°, this is no luxury!

MEDICAL MISSION SISTERS, Philadelphia 11, Pa.

Dear Sisters:

Please put my gift of $ . . . . . "on ice" for the kitchen in New Delhi.

Name.....

Address.....

City..... Zone..... State.....